Budget

Period:1

Project Director					
Prefix					
* First Name					
Middle Name					
* Last Name					
Suffix]				
* Applicant Organization	_				
					
* Requested 0	Grant P	eriod From: 08/13/1967 * Requ	ested Grant Period	Thru: 08/13/1967	1
If this is a revised budget, indicate appl	ication/	grant number:]		
_		for the convenience of those applicants ed. The method of cost computation sho			_
SECTION A					
* Budget detail for the period from: 08/	/13/196	7 * Thru: 08/13/1967			
When the proposed grant period is eigh	nteen m	nonths or longer, project expenses for ea	ch twelve-month pe	riod are to be listed	separately.
1. Salaries and Wages					
Provide the names and titles of the prin ber of persons who will be employed in done outside the academic year.	cipal p that ca	roject personnel. For support staff, includ pacity. For persons employed on an aca	le the title of each podemic year basis, lis	osition and indicate st separately any sa	in brackets the num- lary charge for work
* Name/Title of Position	No.	* Method of Cost Computation	Grant Funds (a) (\$)	Cost Sharing (b) (\$)	Total (c) (\$)
	0		0.00	0.00	0.00
	ī	<u> </u>	1		
		I			
	1	<u> </u>	1		
	1		-		
	1	<u> </u>	l .		
		SUBTOTALS	0.00	0.00	0.00

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Budget

Period:1

2. Fringe Benefits

If more than one rate is used, list each rate and salary base.

* Rate		* Salary Base (\$)	Grant Funds (a) (\$)	Cost Sharing (b) (\$)	Total (c) (\$)
0.0	% of	0.00	0.00	0.00	0.00
	% of				
	% of				
		SUBTOTALS	0.00	0.00	0.00

3. Consultant Fees

Include payments for professional and technical consultants and honoraria.

* Name or Type of Consultant	No. of Days on Project	Daily Rate of Compensation (\$)	Grant Funds (a) (\$)	Cost Sharing (b) (\$)	Total (c) (\$)
	C	0.00	0.00	0.00	0.00
	<u> </u>				-
		SUBTOTALS	0.00	0.00	0.00

4. Travel

For each trip, indicate the number of persons traveling, the total days they will be in travel status, and the total subsistence and transportation costs for that trip. When a project will involve the travel of a number of people to a conference, institute, etc., these costs may be summarized on one line by indicating the point of origin as "various." All foreign travel must be listed separately.

* From/To	#	*	Subsistence Costs (\$)	Transportation Costs = (\$	i) Grant Funds (a) (\$)	Cost Sharing (b) (\$)	Total (c) (\$)
	0	0	0.0	0.00	0.00	0.00	0.00
				_		_	
				<u> </u>			
				_	_	_	
1					1	1	1
				•	1		
					T	T.	T
<u> </u>					<u> </u>		<u> </u>
# = number of persons * = total trave	l days			SUBTOTALS	0.00	0.00	0.00

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Budget

Period:1

5. Supplies and Materials

Include consumable supplies, materials to be used in the project and items of expendable equipment (i.e., equipment items costing less than \$5,000 and with an estimated useful life of less than a year).

* Item	Basis/Method of Cost Computation	Grant Funds (a) (\$)	Cost Sharing (b) (\$)	Total (c) (\$)
		0.00	0.00	0.00
		_	_	
		=	<u> </u>	
	SUBTOTALS	0.00	0.00	0.00

6. Services

Include the cost of duplication and printing, long distance telephone calls, equipment rental, postage, and other services related to project objectives that are not included under other budget categories or in the indirect cost pool. For subcontracts, provide an itemization of subcontract costs as an attachment on the summary page.

* Item	Basis/Method of Cost Computation	Grant Funds (a) (\$)	Cost Sharing (b) (\$)	Total (c) (\$)
	50	0.00	0.00	0.00
	I	I		
	ı	<u> </u>		
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	SUBTOTALS	0.00	0.00	0.00

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Budget

Period:1

7. Other Costs

Include participant stipends and room and board, equipment purchases of \$5,000 or more per unit, training costs and registration fees, and other items not previously listed. Please note that "miscellaneous" and "contingency" are not acceptable budget categories. Refer to the budget instructions for the restriction on the purchase of permanent equipment.

* Item	Basis/Method of Cost Computation	Grant Funds (a) (\$)	Cost Sharing (b) (\$)	Total (c) (\$)
		0.0	0.0	0.00
	_	_	_	
T	_	_	_	,
			l	
	1	-	1	1
		<u> </u>	<u>I</u>	
	1			
	•			
	SUBTOTAL	_S 0.0	0.0	0.00
8. Total Direct Costs				
Total Direct Costs (Add Subtotals of Ite	ems 1 to 7) Grant Funds	0.0	0.0	0.00

OMB Approval No. 3095-0013 Expiration Date: 11-30-05 NA Form 17001 (Rev. 1-93)

Budget

Period:1

9. Indirect Costs

This budget item applies only to institutional applicants. If indirect costs are to be charged to this project, **CHECK THE APPROPRIATE BOX BELOW** and provide the information requested. Refer to the budget instructions for explanation of these options.

- O Current indirect cost rate(s) has/have been negotiated with federal agency (Complete items A and B).
- O Indirect cost proposal has been submitted to a federal agency but not yet negotiated. (Indicate the name of the agency in item A and show proposed rate(s) and base(s), and the amount(s) of indirect costs in item B).
- O Indirect cost proposal will be sent to the Agency if application is funded. (Provide an estimate in item B of the rate that will be used and indicate the base against which it will be charged and the amount of indirect costs).
- Applicant chooses to use a rate not to exceed 10% of direct costs, less distorting items, up to a maximum charge of \$5000 per year.
 (Under item B, enter the proposed rate, the base against which the rate will be charged, and the computation of indirect costs or \$5000 per year, whichever value is less).
- O Applicant is a sponsorship (umbrella) organization and chooses to charge an administrative fee of 5% of total direct costs. (Complete Item B.)

Item A.

Name of Federal Agency

Date of Ag	greement 08/13/19	67		
	* Base(s) (\$)	Grant Funds (a) (\$)	Cost Sharing (b) (\$)	Total (c) (\$)
0.0	0.00	0.00	0.00	0.00
	* SUBTOTALS	0.00	0.00	0.00
		* Total Project Costs Grant Funds (a) (\$)	* Total Project Costs Cost Sharing (b) (\$)	* Total Project Costs Total (c) (\$)
10. Total	Project Costs	0.00	0.00	0.00

OMB Approval No. 3095-0013 Expiration Date: 11-30-05 NA Form 17001 (Rev. 1-93)

(Direct and Indirect) for budget period.

Budget

Period:1

Project Director					
Prefix					
* First Name					
Middle Name					
* Last Name					
Suffix]				
* Applicant Organization	_				
					
* Requested 0	Grant P	eriod From: 08/13/1967 * Requ	ested Grant Period	Thru: 08/13/1967	1
If this is a revised budget, indicate appl	ication/	grant number:]		
_		for the convenience of those applicants ed. The method of cost computation sho			_
SECTION A					
* Budget detail for the period from: 08/	/13/196	7 * Thru: 08/13/1967			
When the proposed grant period is eigh	nteen m	nonths or longer, project expenses for ea	ch twelve-month pe	riod are to be listed	separately.
1. Salaries and Wages					
Provide the names and titles of the prin ber of persons who will be employed in done outside the academic year.	cipal p that ca	roject personnel. For support staff, includ pacity. For persons employed on an aca	le the title of each podemic year basis, lis	osition and indicate st separately any sa	in brackets the num- lary charge for work
* Name/Title of Position	No.	* Method of Cost Computation	Grant Funds (a) (\$)	Cost Sharing (b) (\$)	Total (c) (\$)
	0		0.00	0.00	0.00
	ī	<u> </u>	1		
		I			
	1	<u> </u>	1		
	1		-		
	1	<u> </u>	l .		
		SUBTOTALS	0.00	0.00	0.00

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Budget

Period:1

2. Fringe Benefits

If more than one rate is used, list each rate and salary base.

* Rate		* Salary Base (\$)	Grant Funds (a) (\$)	Cost Sharing (b) (\$)	Total (c) (\$)
0.0	% of	0.00	0.00	0.00	0.00
	% of				
	% of				
		SUBTOTALS	0.00	0.00	0.00

3. Consultant Fees

Include payments for professional and technical consultants and honoraria.

* Name or Type of Consultant	No. of Days on Project	Daily Rate of Compensation (\$)	Grant Funds (a) (\$)	Cost Sharing (b) (\$)	Total (c) (\$)
	C	0.00	0.00	0.00	0.00
	<u> </u>				-
		SUBTOTALS	0.00	0.00	0.00

4. Travel

For each trip, indicate the number of persons traveling, the total days they will be in travel status, and the total subsistence and transportation costs for that trip. When a project will involve the travel of a number of people to a conference, institute, etc., these costs may be summarized on one line by indicating the point of origin as "various." All foreign travel must be listed separately.

* From/To	#	*	Subsistence Costs (\$)	Transportation Costs = (\$	i) Grant Funds (a) (\$)	Cost Sharing (b) (\$)	Total (c) (\$)
	0	0	0.0	0.00	0.00	0.00	0.00
				_		_	
				<u> </u>			
				_	_	_	
1					1	1	1
				•	1		
					T	T.	T
<u> </u>					<u> </u>		<u> </u>
# = number of persons * = total trave	l days			SUBTOTALS	0.00	0.00	0.00

OMB Approval No. 3095-0013 Expiration Date: 11-30-05

NA Form 17001 (Rev. 1-93)

Budget

Period:1

5. Supplies and Materials

Include consumable supplies, materials to be used in the project and items of expendable equipment (i.e., equipment items costing less than \$5,000 and with an estimated useful life of less than a year).

* Item	Basis/Method of Cost Computation	Grant Funds (a) (\$)	Cost Sharing (b) (\$)	Total (c) (\$)
		0.00	0.00	0.00
		_	_	
		=	<u> </u>	
	SUBTOTALS	0.00	0.00	0.00

6. Services

Include the cost of duplication and printing, long distance telephone calls, equipment rental, postage, and other services related to project objectives that are not included under other budget categories or in the indirect cost pool. For subcontracts, provide an itemization of subcontract costs as an attachment on the summary page.

* Item	Basis/Method of Cost Computation	Grant Funds (a) (\$)	Cost Sharing (b) (\$)	Total (c) (\$)
	50	0.00	0.00	0.00
	I	I		
	ı	<u> </u>		
	T	I		
	İ			
	SUBTOTALS	0.00	0.00	0.00

OMB Approval No. 3095-0013 Expiration Date: 11-30-05 NA Form 17001 (Rev. 1-93)

Budget

Period:1

7. Other Costs

Include participant stipends and room and board, equipment purchases of \$5,000 or more per unit, training costs and registration fees, and other items not previously listed. Please note that "miscellaneous" and "contingency" are not acceptable budget categories. Refer to the budget instructions for the restriction on the purchase of permanent equipment.

* Item	Basis/Method of Cost Computation	Grant Funds (a) (\$)	Cost Sharing (b) (\$)	Total (c) (\$)
		0.0	0.0	0.00
	_	_	_	
T	_	_	_	,
			l	
	1	-	1	1
		<u> </u>	<u>I</u>	
	1			
	•			
	SUBTOTAL	_S 0.0	0.0	0.00
8. Total Direct Costs				
Total Direct Costs (Add Subtotals of Ite	ems 1 to 7) Grant Funds	0.0	0.0	0.00

OMB Approval No. 3095-0013 Expiration Date: 11-30-05 NA Form 17001 (Rev. 1-93)

Budget

Period:1

9. Indirect Costs

This budget item applies only to institutional applicants. If indirect costs are to be charged to this project, **CHECK THE APPROPRIATE BOX BELOW** and provide the information requested. Refer to the budget instructions for explanation of these options.

- O Current indirect cost rate(s) has/have been negotiated with federal agency (Complete items A and B).
- O Indirect cost proposal has been submitted to a federal agency but not yet negotiated. (Indicate the name of the agency in item A and show proposed rate(s) and base(s), and the amount(s) of indirect costs in item B).
- O Indirect cost proposal will be sent to the Agency if application is funded. (Provide an estimate in item B of the rate that will be used and indicate the base against which it will be charged and the amount of indirect costs).
- Applicant chooses to use a rate not to exceed 10% of direct costs, less distorting items, up to a maximum charge of \$5000 per year. (Under item B, enter the proposed rate, the base against which the rate will be charged, and the computation of indirect costs or \$5000 per year, whichever value is less).
- Applicant is a sponsorship (umbrella) organization and chooses to charge an administrative fee of 5% of total direct costs. (Complete Item B.)

Item A.

Name of Federal Agency

Date of Ag	greement 08/13/1	967		
Item B. * Rate (%)	* Base(s) (\$)	Grant Funds (a) (\$)	Cost Sharing (b) (\$)	Total (c) (\$)
0.0	0.0	0.00	0.0	0.00
			<u> </u>	
	* SUBTOTAL:	0.00	0.0	0.00
		* Total Project Costs Grant Funds (a) (\$)	* Total Project Costs Cost Sharing (b) (\$)	* Total Project Costs Total (c) (\$)
10. Total	Project Costs	0.00	0.0	0.00

OMB Number: 3136-0134

Expiration Date: 6/30/06

(Direct and Indirect) for budget period.

OMB Approval No. 3095-0013 Expiration Date: 11-30-05 NA Form 17001 (Rev. 1-93)

Budget

Period:1

Project Director					
Prefix					
* First Name					
Middle Name					
* Last Name					
Suffix]				
* Applicant Organization					
* Requested G	irant P	eriod From: 08/13/1967 * Requ	ested Grant Period ⁻	Γhru: 08/13/1967	
If this is a revised budget, indicate appli	cation/	grant number:			
_	•	for the convenience of those applicants ed. The method of cost computation sho	•		•
SECTION A					
* Budget detail for the period from: 08/	13/196	7 * Thru: 08/13/1967			
When the proposed grant period is eigh	teen m	onths or longer, project expenses for each	ch twelve-month per	iod are to be listed s	separately.
1. Salaries and Wages					
Provide the names and titles of the prince ber of persons who will be employed in done outside the academic year.	cipal pi that ca	oject personnel. For support staff, includ pacity. For persons employed on an aca	e the title of each po demic year basis, lis	sition and indicate i t separately any sal	n brackets the num- ary charge for work
* Name/Title of Position	No.	* Method of Cost Computation	Grant Funds (a) (\$)	Cost Sharing (b) (\$)	Total (c) (\$)
	0		0.00	0.00	0.00
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	ı				
	Ì				
		SUBTOTALS	0.00	0.00	0.00

OMB Approval No. 3095-0013 Expiration Date: 11-30-05 NA Form 17001 (Rev. 1-93)

Budget

Period:1

2. Fringe Benefits

If more than one rate is used, list each rate and salary base.

* Rate		* Salary Base (\$)	Grant Funds (a) (\$)	Cost Sharing (b) (\$)	Total (c) (\$)
0.0	% of	0.00	0.00	0.00	0.00
	% of				
	% of				
		SUBTOTALS	0.00	0.00	0.00

3. Consultant Fees

Include payments for professional and technical consultants and honoraria.

* Name or Type of Consultant	No. of Days on Project	Daily Rate of Compensation (\$)	Grant Funds (a) (\$)	Cost Sharing (b) (\$)	Total (c) (\$)
	C	0.00	0.00	0.00	0.00
	<u> </u>				-
		SUBTOTALS	0.00	0.00	0.00

4. Travel

For each trip, indicate the number of persons traveling, the total days they will be in travel status, and the total subsistence and transportation costs for that trip. When a project will involve the travel of a number of people to a conference, institute, etc., these costs may be summarized on one line by indicating the point of origin as "various." All foreign travel must be listed separately.

* From/To	#	*	Subsistence Costs (\$)	Transportation Costs = (\$	i) Grant Funds (a) (\$)	Cost Sharing (b) (\$)	Total (c) (\$)
	0	0	0.0	0.00	0.00	0.00	0.00
				_		_	
				<u> </u>			
				_	_	_	
1					1	1	1
				•	1		
					T	T.	T
<u> </u>					<u> </u>		<u> </u>
# = number of persons * = total trave	l days			SUBTOTALS	0.00	0.00	0.00

OMB Approval No. 3095-0013 Expiration Date: 11-30-05

NA Form 17001 (Rev. 1-93)

Budget

Period:1

5. Supplies and Materials

Include consumable supplies, materials to be used in the project and items of expendable equipment (i.e., equipment items costing less than \$5,000 and with an estimated useful life of less than a year).

* Item	Basis/Method of Cost Computation	Grant Funds (a) (\$)	Cost Sharing (b) (\$)	Total (c) (\$)
		0.00	0.00	0.00
		_	_	
		=	<u> </u>	
	SUBTOTALS	0.00	0.00	0.00

6. Services

Include the cost of duplication and printing, long distance telephone calls, equipment rental, postage, and other services related to project objectives that are not included under other budget categories or in the indirect cost pool. For subcontracts, provide an itemization of subcontract costs as an attachment on the summary page.

* Item	Basis/Method of Cost Computation	Grant Funds (a) (\$)	Cost Sharing (b) (\$)	Total (c) (\$)
	50	0.00	0.00	0.00
	I	I		
	ı	<u> </u>		
	T	I		
	İ			
	SUBTOTALS	0.00	0.00	0.00

OMB Approval No. 3095-0013 Expiration Date: 11-30-05 NA Form 17001 (Rev. 1-93)

Budget

Period:1

7. Other Costs

Include participant stipends and room and board, equipment purchases of \$5,000 or more per unit, training costs and registration fees, and other items not previously listed. Please note that "miscellaneous" and "contingency" are not acceptable budget categories. Refer to the budget instructions for the restriction on the purchase of permanent equipment.

* Item	Basis/Method of Cost Computation	Grant Funds (a) (\$)	Cost Sharing (b) (\$)	Total (c) (\$)
		0.0	0.0	0.00
	_	_	_	
T	_	_	_	,
			l	
	1	-	1	1
		<u> </u>	<u>I</u>	
	1			
	•			
	SUBTOTAL	_S 0.0	0.0	0.00
8. Total Direct Costs				
Total Direct Costs (Add Subtotals of Ite	ems 1 to 7) Grant Funds	0.0	0.0	0.00

OMB Approval No. 3095-0013 Expiration Date: 11-30-05 NA Form 17001 (Rev. 1-93)

Budget

Period:1

9. Indirect Costs

This budget item applies only to institutional applicants. If indirect costs are to be charged to this project, **CHECK THE APPROPRIATE BOX BELOW** and provide the information requested. Refer to the budget instructions for explanation of these options.

- O Current indirect cost rate(s) has/have been negotiated with federal agency (Complete items A and B).
- O Indirect cost proposal has been submitted to a federal agency but not yet negotiated. (Indicate the name of the agency in item A and show proposed rate(s) and base(s), and the amount(s) of indirect costs in item B).
- O Indirect cost proposal will be sent to the Agency if application is funded. (Provide an estimate in item B of the rate that will be used and indicate the base against which it will be charged and the amount of indirect costs).
- Applicant chooses to use a rate not to exceed 10% of direct costs, less distorting items, up to a maximum charge of \$5000 per year. (Under item B, enter the proposed rate, the base against which the rate will be charged, and the computation of indirect costs or \$5000 per year, whichever value is less).
- Applicant is a sponsorship (umbrella) organization and chooses to charge an administrative fee of 5% of total direct costs. (Complete Item B.)

Item A.

Name of Federal Agency

Date of Ag	greement 08/13/1	967		
Item B. * Rate (%)	* Base(s) (\$)	Grant Funds (a) (\$)	Cost Sharing (b) (\$)	Total (c) (\$)
0.0	0.0	0.00	0.0	0.00
			<u> </u>	
	* SUBTOTAL:	0.00	0.0	0.00
		* Total Project Costs Grant Funds (a) (\$)	* Total Project Costs Cost Sharing (b) (\$)	* Total Project Costs Total (c) (\$)
10. Total	Project Costs	0.00	0.0	0.00

OMB Number: 3136-0134

Expiration Date: 6/30/06

(Direct and Indirect) for budget period.

OMB Approval No. 3095-0013 Expiration Date: 11-30-05 NA Form 17001 (Rev. 1-93)

Budget

Section B SUMMARY BUDGET

Transfer from Section A the total costs (column C) for each category of project expense. When the proposed grant period is eighteen months or longer, project expenses for each twelve-month period are to be listed separately.

	* First Year From	* Second Year From	* Third Year From	
	08/13/1967	08/13/1967	08/13/1967	
	* First Year Thru	* Second Year Thru	* Third Year Thru	
	08/13/1967	08/13/1967	08/13/1967	TOTAL COSTS FOR EN- TIRE GRANT PERIOD
* 1. Salaries and Wages (\$)	0.00	0.00	0.0	0.00
* 2. Fringe Benefits (\$)	0.00	0.00	0.0	0.00
* 3. Consultant Fees (\$)	0.00	0.00	0.0	0.00
* 4. Travel (\$)	0.00	0.00	0.0	0.00
* 5. Supplies and Materials (\$)	0.00	0.00	0.0	0.00
* 6. Services (\$)	0.00	0.00	0.0	0.00
* 7. Other Costs (\$)	0.00	0.00	0.0	0.00
* 8. Total Direct Costs (Items 1-7) (\$)	0.00	0.00	0.0	0.00
* 9. Indirect Costs (\$)	0.00	0.00	0.0	0.00
* Total Project Costs (Direct & Indirect) (\$)	0.00	0.00	0.0	0.00

PROJECT FUNDING FOR THE ENTIRE GRANT PERIOD

- 1. Indicate the amount of outright and/or Federal matching funds that is requested.
- 2. Indicate the amount of cash contributions that will be made by the applicant and cash and in-kind contributions made by third parties to support project expenses that appear in the budget. Cash gifts that will be raised to release federal matching funds should be included under "Third-party contributions." (Consult the program guidelines for information on cost sharing requirements.) When a project will generate income that will be used during the grant period to support expenses listed in the budget, indicate the amount of income that will be expended on budgeted project activities. Indicate the amount of actual or anticipated awards from other Federal agencies for this project and this grant period only.
- 3. Total Project Funding should equal Total Project Costs.

* 1. Grant Funds Requested	* 2. Cost Sharing	
Outright (\$)	Applicant's Contributions (\$)	0.00
Federal Matching (\$) 0.00	Third-Party Contributions (\$)	0.00
Total Funding (\$) 0.00	Project Income (\$)	0.00
	Other Federal Agencies (\$)	0.00
	TOTAL COST SHARING (\$)	0.00
3. TOTAL PROJECT FUNDING (Total Federal Funding +	Total Cost Sharing)	0.00
Additional Budget Information		

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Attachments

BudgetAttachment_	_attDataGroup0
ile Name	

Mime Type